

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008784

**Entity Name:** THE PERFORMING ARTS PROJECT, INC.**Current Principal Place of Business:**7572 PRESERVATION RD.  
TALLAHASSEE, FL 32312**Current Mailing Address:**7572 PRESERVATION RD.  
TALLAHASSEE, FL 32312 US**FEI Number:** 45-3354745**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SLADE, KIMBERLY A  
7572 PRESERVATION RD.  
TALLAHASSEE, FL 32312 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	ADVISOR
Name	SLADE, KIMBERLY A
Address	7572 PRESERVATION RD.
City-State-Zip:	TALLAHASSEE FL 32312

Title	PRESIDENT
Name	GOLDBERG, BENJAMIN
Address	1166 AVENUE OF THE AMERICAS 9TH FLOOR
City-State-Zip:	NEW YORK NY 10036

Title	DIRECTOR
Name	HEARN, KARI LYNN
Address	1109 SWEET BRIAR CIRCLE
City-State-Zip:	GWYNEDD VALLEY PA 19437

Title	DIRECTOR
Name	VALLINS, NIKOLE
Address	205 EAST 68TH STREET APT 4B
City-State-Zip:	NEW YORK NY 10021

Title	DIRECTOR
Name	PIKE, MARGARET
Address	2726 WINDSOR RD.
City-State-Zip:	WINSTON-SALEM NC 27104

Title	DIRECTOR
Name	GUTIERREZ, AMY
Address	463 WALNUT PLACE
City-State-Zip:	COSTA MESA CA 92627

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KIMBERLY SLADE**ADVISOR****02/25/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date